Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A F	or th	ne 2015 ca	lendar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-2	015			
B Ch	neck ıf	applicable	C Name of organization REFUGEE & IMMIGRANT CENTER FO	OR .		D Emplo	yer identification number	
☐ Ad	ldress	change	EDUCATION & LEGAL SERVICES			74-24	36920	
☐ Na	ame cl	hange	Doing business as					
In	ıtıal re	turn	Number and street (see D.O. beau f			E Telepho	one number	
Fire		erminated	5121 CRESTWAY DRIVE 105	aall is not delivered to street address) Room/	suite	(210)	226-7722	
		d return	City or town, state or province, cour	ntry, and ZIP or foreign postal code				
		on pending	SAN ANTONIO TX 78239	,,		G Gross re	eceipts \$ 4,176,688	
			F Name and address of prir	ocipal officer	H(a) T	s this a group	roturn for	
			JONATHAN RYAN			ubordinates?	Yes \(\bar{\sigma} \) No	
			5121 CRESTWAY DRIVE 10 SAN ANTONIO,TX 78239	15		re all subordi	nates	
			·			ncluded? f "No," attach	a list (see instructions)	
I Ta	ax-exe	empt status	✓ 501(c)(3)	nsert no) 4947(a)(1) or 527	1	Group exempt		
J W	/ebsi	te:► N/	4					
K For	rm of	organization	Corporation Trust Associatio	n Other ►	L Year	of formation 19	86 M State of legal domicile TX	
	art I	_	ımary					
ece See		RAICES		or most significant activities IDING FREE AND LOW COST LEGA N CENTRAL AND SOUTH TEXAS	L SERVICE	S TO UNDER	SERVED IMMIGRANT	
臣	.							
Governance	2	Check th	nis box 🛏 if the organization dis	continued its operations or disposed	of more tha	an 25% of its	net assets	
න් ගු				ng body (Part VI, line 1a)		ŀ	3 9	
Activities &				of the governing body (Part VI, line 1	-		4 9	
Ę			mber of individuals employed in o mber of volunteers (estimate if n	calendar year 2015 (Part V, line 2a)			5 90 600	
•				art VIII, column (C), line 12		: : :	7a 0	
				m Form 990-T, line 34		·	7b	
						Prior Year	Current Year	
_	8	Contr	ibutions and grants (Part VIII, li	ne 1h)		3,026,4	489 3,779,677	
anue	9	_		ne 2g)		259,8		
Revenue	10			(A), lines 3, 4, and 7d)			211 872 13,797	
_	11 12			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	12	12)	revenue—add nnes o tinough 11	(mast equal Fart VIII, column (A), i		3,286,5	4,176,688	
	13			IX, column (A), lines 1-3)			0	
	14			X, column (A), line 4)			0	
83	15	Saları 5–10		ee benefits (Part IX, column (A), lines	5	1,620,7	749 2,758,002	
Expenses	16	a Profe	ssional fundraising fees (Part IX)	column (A), line 11e)			0	
ੜੇ	ь	Total fu	undraising expenses (Part IX, column (D), line 25) ▶ 45,918				
_	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		630,9	998 1,414,491	
	18			st equal Part IX, column (A), line 25		2,251,7		
- 97	19	Rever	nue less expenses Subtract line	18 from line 12	-	1,034,8		
Net Assets or Fund Balances					Beginni	ng of Current \	Year End of Year	
988 988	20	Total	assets (Part X, line 16)			1,674,2	1,824,667	
翠	21				•	28,6	· ·	
	22 7		ssets or fund balances Subtract nature Block	line 21 from line 20		1,645,5	1,649,765	
Unde my k	er pe knowl	nalties of	perjury, I declare that I have exa belief, it is true, correct, and con	amined this return, including accomp aplete Declaration of preparer (other				
		****				2016-08-01		
Sig		Sign	ature of officer			Date		
Her	e		ATHAN RYAN EXECUTIVE DIRECTOR e or print name and title					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Pai	d		DEBORAH F FRASER	DEBORAH F FRASER	2016-09-22	self-employed	P00647739	
	u epar	er ⊢	Firm's name FARMSTRONG VAUGHAN			Firm's EIN 🟲 74	4-2332623	
	e Oi	1 1	Firm's address > 941 WEST BYRD BLVD	STE 101		Phone no (210) 658-6229	
,		··•	UNIVERSAL CITY, TX 7	8148				

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ☐ No

Form	1990 (2015)					Page 2
Par		of Program Servi	-			
1		organization's mission	onse or note i	to any fine in this Part I	II	
_	•	-	FREE AND LO	W COST LEGAL SERV	ICES TO UNDERSERVED IM	MIGRANT CHILDREN
		S IN CENTRAL AND S			TOTO TO OTTO ENGLINATION	THORANT GHILDREN,
	Did the organization	undertake anv significa	int program s	ervices during the year	which were not listed on	
_						▽Yes ▽No
	If "Yes," describe the	ese new services on Sc	hedule O			
3	Did the organization services?		nake sıgnıfıca	nt changes in how it coi	nducts, any program	⊤Yes ▼No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	expenses Section 5) organization	s are required to report	ree largest program services, a the amount of grants and alloo	
4a	(Code) (Expenses \$	3,956,933	including grants of \$) (Revenue \$)
	LEGAL ASSISTANCE PRO			ADVOCACY, ASSISTANCE FILL	ING FAMILY VISAS, POLITICAL ASYLUM	APPLICATIONS AND
	OPPORTUNITIES FOR EL	DUCATIONAL AND SOCIAL SU	PPORT			
41.	/Codo	\ /Funance d		maludus amuta af d) /Devenue d	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d	Other program serv	ıces (Describe in Sche	dule O N			
Tu	(Expenses \$	•	iding grants o	if \$) (Revenue \$)
4e	Total program servi		3,956,933		, , , , , , , , , , , ,	,
	. otal program servi		5,550,555	•		

•	,		
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		Fo	orm 990	(2015)

Form 990 (2015) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable . . 19 b Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b Yes b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . Νo **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a Nο account)? . If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ... Νo b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Νo 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Nο 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b

8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time

Sponsoring organizations maintaining donor advised funds.

11 Section 501(c)(12) organizations. Enter **a** Gross income from members or shareholders . . 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

If "Yes," enter the amount of tax-exempt interest received or accrued during the

12h Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for

additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states 13b in which the organization is licensed to issue qualified health plans . . .

c Enter the amount of reserves on hand . . . 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . 13a

7h

Part VI Governance, Management, and Disclosure
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For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		. ~
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?			No
3	Did the organization delegate control over management duties customarily performed by or under to supervision of officers, directors or trustees, or key employees to a management company or other			No
4	Did the organization make any significant changes to its governing documents since the prior Form filed?	n 990 was 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets? . 5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	appoint one or 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members or persons other than the governing body?	, stockholders, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken year by the following	n during the		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			No
Se	ection B. Policies (This Section B requests information about policies not required by	the Internal Reven	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt policies.			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing both the form?	ody before filing	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 $$.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?	at could give		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this was done			
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approvindependent persons, comparability data, and contemporaneous substantiation of the deliberation			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar taxable entity during the year?	ngement with a		No
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safe organization's exempt status with respect to such arrangements?	guard the		
Se	ection C. Disclosure	100		
<u> 36</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 99 (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable of the control of the con			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

▶JONATHAN RYAN 5121 CRESTWAY DRIVE 105 SAN ANTONIO, TX 78239 (210) 226-7722

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) MEAGAN M GILLETTE JD VICE CHAIR		х		х				0	0	C
(2) JORGE GONZALES CHAIR		х		х				0	0	C
(3) JOHN WALVOORD TREASURER		х		х				0	0	C
(4) TERESA RENDON SECRETARY		х		х				0	0	C
(5) JAVIER MALDONADO JD DIRECTOR		х						0	0	C
(6) NICK GARZA DIRECTOR		х						0	0	C
(7) TONY DAVILA DIRECTOR		х						0	0	C
(8) MATTHEW SHADDOCK DIRECTOR		х						0	0	(
(9) TITO TARRALBA DIRECTOR		х						0	0	(
(10) JONATHAN RYAN EXECUTIVE DI	40 00			х				80,770	0	3,065

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	person is both an officer from the organization (W-organization (W-organizatio) (W-organization (W-organizatio) (W-organizatio							(E) Reportable compensation from related organizations (W-	amou comp fro	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		2/1099-MI3C)		2/1099-MISC)	re	zation and elated nizations				
												_	
												-	
												<u> </u>	
												<u> </u>	
												<u> </u>	
1b	Sub-Total			<u>. </u>	_		. ▶			-			
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•			•				8	0,770			3,065
2	Total number of individuals (in \$100,000 of reportable compo	cluding but not	limited	to the	ose I	liste	d abov	e) w	ho receive	d more t	nan		
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key		yee,	, or highes	t comper	sated employee	Y 6	es No
4	For any individual listed on lin organization and related organ individual	e 1a, is the sum	of repo	rtable	e co							4	No
5	Did any person listed on line 1 services rendered to the organ								_	anızatıor • • •	or individual for	5	No
	ction B. Independent Co												
1	Complete this table for your fir compensation from the organi	zation Report co									thin the organization		
	r	(A) Name and business	address							De	(B) scription of services	Cor	(C) npensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 🕨

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedi	ule O contains a respor	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
(0	1a	Federated cam	paigns 1a					012 011				
nts	ь	Membership du	ies 1b									
Grants mounts	, c	Fundraising eve		385,940								
ts, (
Giffis, nilar Aı	d	Related organiz										
ns,	e	Government grant	s (contributions) 1e	484,047								
er S	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	2,909,690								
ig #	g		ons included in lines									
Contributions, Gifts, Grants and Other Similar Amounts	 h	1a-1f \$ Total. Add lines	s 1a-1f		3,779,677							
<u>ರಕ</u>		Total. Add lille:	3 Id-11		5,,							
Пе	 2a	LEGAL FILING FEES		Business Code	202 242	202 242						
ever	Ь	EGALTIENG TEES	·		382,342	382,342						
a TE	۰											
Program Serwoe Revenue	ď											
32	e											
Ta L	f	All other progra	am service revenue									
بر ەر												
	g 3		s 2a-2f		382,342							
			ar amounts)		872			872				
	4	Income from inves	stment of tax-exempt bond p	. F								
	5	Royalties	() 0									
	6a	Gross rents	(ı) Real	(II) Personal								
	"											
	Ь	Less rental expenses										
	c	Rental income or (loss)										
	d	Net rental inco	me or (loss)									
		Gross amount	(ı) Securities	(II) O ther								
	7a	from sales of assets other than inventory										
	ь	Less cost or other basis and										
		sales expenses										
	l d	Gain or (loss)	ss)									
άs	l	Gross income f	ı									
Other Revenue		events (not inc \$385	luding 5,940 s reported on line 1c) ne 18									
the	ь	Lace direct en	penses b									
0	٥		penses b (loss) from fundraising (events								
	9a	Gross income f	rom gaming activities ne 19	·								
	ь	Less direct ex	penses b									
	c	Net income or ((loss) from gaming activ	/ities▶								
	10a	Gross sales of returns and allo										
		recuiris ailu ailu	a a	12,527								
	ь	Less cost of g	oods sold b									
	С		(loss) from sales of inve	entory 🛌	12,527	12,527						
		Miscellaneou		Business Code	4.2=0							
	l	MISCELLANEC	DUSINCOME		1,270	1,270						
	b											
	، ا	A 11 - 41										
	d e		ue s 11a-11d	🕨								
				L	1,270							
	12	i otal revenue.	See Instructions	· · · · •	4,176,688	396,139		872				

	Statement of Europianal Expenses				rage 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must som	nlete column (A.)	
Section	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<u> </u>	Check if Schedule O contains a response or note to any line in t	T	(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		СХРСПЭСЭ	general expenses	схрензез
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	77,500	15,500	38,750	23,250
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,311,112	2,289,112	11,000	11,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	176,096	176,096		
10	Payroll taxes	193,294	193,294		
11	Fees for services (non-employees)				
а	Management				
b	Legal	29,193	29,193		
c	Accounting	42,700	21,350	21,350	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	171,703	94,219	77,484	
12	Advertising and promotion	12,061	4,021	4,020	4,020
13	Office expenses	163,950	158,987	2,939	2,024
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	273,541	273,541		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,853	5,927	5,926	
23	Insurance	11,780	11,423	212	145
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BUILDING REPAIRS & IMPROV	251,669	244,050	4,513	3,106
b	BOND, FEES & PERMITS	177,939	177,939		
c	TELEPHONE & INTERNET	116,291	112,771	2,085	1,435
d	MISCELLANEOUS EXPENSES	66,592	64,576	1,194	822
e	All other expenses	85,219	84,934	169	116
25	Total functional expenses. Add lines 1 through 24e	4,172,493	3,956,933	169,642	45,918
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11 Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 255.905 1 1 2 839 221 2 622 882 Savings and temporary cash investments 553.092 615.809 3 Pledges and grants receivable, net 3 25.304 113,431 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 9 33,152 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 255,502 Complete Part VI of Schedule D 10a b 10b 81,135 149,136 10c 174,367 Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 37,533 15 9,121 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1.674.267 16 1.824.667 28,697 17 Accounts payable and accrued expenses 17 174,902 18 18 Grants payable 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 28,697 174.902 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,473,974 27 1,587,784 171,596 61,981 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Total net assets or fund balances . . .

1,649,765

1,824,667

32

33

34

1,645,570

1,674,267

. 01111	250 (2020)				age ==
Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		4,1	176,688
2	Total expenses (must equal Part IX, column (A), line 25)	2		4 1	172,493
3	Revenue less expenses Subtract line 2 from line 1	-		- ,,	.,,,,,,
•	Revenue less expenses Subtract line 2 nonnine 1	3			4,195
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		1,6	545,570
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
0	Donated services and use of lacinities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
	Other shares a set seets on find belones (southern in Cabadula O.)	•			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,6	549,765
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
20	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wad an	Zu		NO
	a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If Yes, check a box below to indicate whether the financial statements for the year were audited on a sepa	rate			
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis				
	y Separate basis Consolidated basis Both Consolidated and Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in	1			
~	Schedule O	_			
<i>3</i> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2	За		No
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		ЗЬ		1

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DLN: 93493266000106

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Name of the organization Employer identification number REFUGEE & IMMIGRANT CENTER FOR **EDUCATION & LEGAL SERVICES** 74-2436920 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type II. Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (ii)EIN (i) (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

- 6	(Complete only if you						
	Part III. If the organiz						iality under
S	ection A. Public Support	dion rais to qu	dilly dilder the	tests listed bel	ovv, piedoe con	ipiete i dit III.	
<u> </u>	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
1	, , , , , , , , , , , , , , , , , , , ,						
	membership fees received (Do	371,055	723,053	1,318,452	3,026,489	3,779,677	9,218,726
_	not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without						
	charge						
4	Total. Add lines 1 through 3	371,055	723,053	1,318,452	3,026,489	3,779,677	9,218,726
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						0.040.705
	from line 4						9,218,726
S	ection B. Total Support						
	Calendar year	(2)2011	(h)2012	(2)2012	(4)2014	(a)201E	(6)Tatal
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4	371,055	723,053	1,318,452	3,026,489	3,779,677	9,218,726
8	Gross income from interest,						
	dividends, payments received on				211	872	1,083
	securities loans, rents, royalties						,
_	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	Total support. Add lines 7						9,219,809
	through 10						-,,
12	Gross receipts from related activity	ties, etc (see inst	ructions)			12	396,139
13	First five years. If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or f	fifth tax year as a	section 501(c)(3)	organization,
	check this box and stop here				<u> </u>	.≻ [
	ection C. Computation of Pu						
14	Public support percentage for 201	5 (line 6, column	(f) divided by line	11, column (f))		14	99 990 %
15	Public support percentage for 201	4 Schedule A, Pa	rt II, line 14			15	100 000 %
16a	33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box						nis box
	and stop here. The organization qu	ialifies as a public	ly supported orga	nızatıon		•	▶ ▼
b	33 1/3% support test—2014.If the	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33,	3 1/3% or more, ch	eck this
	box and stop here. The organization			•			⊳ ┌
17a	17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14						
	is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain						
	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
L	organization	ration icts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line					
D	15 is 10% or more, and if the orga						
	Explain in Part VI how the organiz						v
	supported organization	acion meets the 1	accs-ana-cncam	Junices lest III	ic organization qu	aimes as a publici	y ▶□
18	Private foundation. If the organiza	tion did not check	a box on line 13	, 16a, 16b, 17a. d	or 17b, check this	box and see	- ,
	instructions			. , = = = , = : = ,	,		▶ □

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16

33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2014 Schedule A, Part III, line 17

18

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

►l

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Supporting	

	·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3с		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was			
ŀ	accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5a		
	the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
,	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test_Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr			ruct ions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	<u> </u>
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
L	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
ŀ	Add lines 1 through 3	4		
	Depreciation and depletion	5		
;	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
3	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions	Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes					
2 A mounts paid to perform activity that directly furth excess of income from activity						
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons				
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval re	quired)					
6 Other distributions (describe in Part VI) See instru	uctions					
7 Total annual distributions. Add lines 1 through 6						
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide				
9 Distributable amount for 2015 from Section C, line	6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1 Distributable amount for 2015 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)						
3 Excess distributions carryover, if any, to 2015						
d From 2013						
e From 2014						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2015 distributable amount						
i Carryover from 2010 not applied (see instructions)						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2015 from Section D, line 7						
\$						
a Applied to underdistributions of prior years						
b Applied to 2015 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7 Excess distributions carryover to 2016. Add lines 31 and 4c						
8 Breakdown of line 7						
c Excess from 2013						
d From 2014						
e From 2015						

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And Circumstances Test	

Return Reference	Explanation
	·

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493266000106

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

ame of the organization FUGEE & IMMIGRANT CENTER FOR		Emp	loyer identification number
OUCATION & LEGAL SERVICES		74-	2436920
Organizations Maintaining Dono Complete if the organization answer	r Advised Funds or Other S ed "Yes" on Form 990, Part IV	imilar Funds , line 6.	or Accounts.
	(a) Donor advised funds	(b	Funds and other accounts
Total number at end of year			-
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to			rsed Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		-	
t II Conservation Easements. Compl	ete if the organization answere	ed "Yes" on Fori	m 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrease Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	eation or education) Preserv	vation of an histor vation of a certifie	d historic structure
easement on the last day of the tax year	•		
Total number of concernation accommode			Held at the End of the Year
Total number of conservation easements	a who	2a	
Total acreage restricted by conservation easem		2b	
Number of conservation easements on a certified	. ,	2c	
Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/1 //06, and not	on a 2d	
Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished, o	r terminated by th	ne organization during the
Number of states where property subject to cons	ervation easement is located 🛌		
Does the organization have a written policy rega violations, and enforcement of the conservation		ection, handling of	·
Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations,	and enforcing con	servation easements during the
-			
A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and e	enforcing conserv	ation easements during the year
▶ \$			
Does each conservation easement reported on li (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirem	ents of section 17	^{70(h)(4)}
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the tex the organization's accounting for conservation ea	t of the footnote to the organization		
Organizations Maintaining Collect Complete if the organization answer			her Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report rassets held for public exhibition, o	ın ıts revenue sta educatıon, or rese	arch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	FAS 116 (ASC 958), to report in it r assets held for public exhibition, o	ts revenue statem	ent and balance sheet
i) Revenue included on Form 990, Part VIII, line	1	▶ \$	
Assets included in Form 990, Part X		► \$	
If the organization received or held works of art, following amounts required to be reported under	•	ar assets for finan	
Revenue included on Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Par	1111	Organizations Maintaining (continued)	Collections of A	Art, Hi	storic	cal Trea	sures,	or Otl	her Simil	ar Asso	ets	
3		the organization's acquisition, acceroistion, the control of the c	ession, and other re	cords, c	heck a	ny of the	following	that are	e a significa	nt use of	fits	
а	ГР	ublic exhibition		d	\vdash	Loan or e	exchange	prograi	ms			
b	Г so	cholarly research		е	\vdash	Other						
c	_	eservation for future generations										
4		e a description of the organization's	s collections and ex	plaın ho	w they	further t	he organız	ation's	exempt pur	pose in		
5		the year, did the organization solic	rit or receive donati	one of a	rt hiet	orical tro	acurae or	others	umular			
,		to be sold to raise funds rather the								Yes	┌ No	
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ngements. Inswered "Yes" or	n Form	990,	Part IV,	lıne 9, o	r repo	rted an ar	nount o	n Forr	n 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other inter	rmediar	y for co	ntributio	ns or othe	rasset	ts not	Yes	┌ No	
ь	If"	es," explain the arrangement in Pa	art XIII and complet	te the fo	llowing	j table				Amoun	ıt	
c	Beg	inning balance						1c				
d	Add	itions during the year						1d				
e	Dist	ributions during the year						1e				
f	End	ing balance						1f				
2a	Did the	e organization include an amount o	n Form 990, Part X,	line 21	, for es	crow or c	ustodial a	ccount	liability?	Yes	┌ No	
												_
Ь		s," explain the arrangement in Part										ļ
Pa	rt V	Endowment Funds. Comple						<u> </u>				
•-	D		(a)Current year	(b) P	nor yea	r b (c	Two years	back (c	1) Three years	back (e)Four ye	ars back
1a L	_	ning of year balance				-		_				
b		butions										
С	Net in losses	vestment earnings, gains, and										
d	Grant	s or scholarships										
е		expenditures for facilities ograms										
f	A dmır	nistrative expenses										
g		fyear balance										
2	Provid	e the estimated percentage of the	current year end bal	lance (lı	ne 1a,	column (a)) held as	 5				
а	Board	designated or quasi-endowment >	•				.,					
ь		nent endowment ►										
С		rarily restricted endowment F										
_		rcentages on lines 2a, 2b, and 2c	should equal 100%									
За	Are th	ere endowment funds not in the pos	session of the orga	nızatıon	that a	re held aı	nd adminis	stered f	for the			
	-	zation by									Yes	No
		elated organizations					•			3a(i)		
h		ated organizations s" on 3a(ii), are the related organiz					•			3a(ii) . 3b		
4		be in Part XIII the intended uses of						•				
Pai	t VI	Land, Buildings, and Equip										
		Complete if the organization a	inswered 'Yes' to	Form 9								
		Description of property			Cost or d	a) other basis stment)	Cost or ot (oth	her basıs	Accumi (c)depred		(0)600	k value
1a	Land .			. [10,000				10,000
b	Building	s						180,691		36,894		143,797
c	Leaseh	old improvements										
d	Equipm	ent		· _				64,811		44,241		20,570
6	Other			<u> </u>			1					174,367

See Form 990, Part X, line 12.	omplete if the orga	anization answered 'Ye	s on Form 990, Part IV, line 11
(a) Description of security or categor	у	(b)Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market val
(2)Closely-held equity interests			
(3) 0 ther			
			+
			
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+		
Part VIII Investments—Program Related.	d 'Vas' on Farm Of	O Dawt IV lung 11c	
Complete if the organization answere (a) Description of investment	d res on Form 95	(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
(a) Description of Investment		(b) Book value	Cost or end-of-year market val
			+
			+
			+
			+
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+		
Part IX Other Assets. Complete if the organization		Form 990, Part IV, line	
(a) Desc	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. Complete if the org			
See Form 990, Part X, line 25.	1 (1) 5		
1. (a) Description of liability	(b) Book value	e	
Federal Income taxes			
reactar meetic taxes			
		 	
		\dashv	
	1	I	
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	F		

Par	Reconciliation of Revenue per Audited Financial Statements With F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		urn
1	Total revenue, gains, and other support per audited financial statements		4,176,688
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)............2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,176,688
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)		4,176,688
Par	Reconciliation of Expenses per Audited Financial Statements With		eturn.
_	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		4 172 402
1		1	4,172,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a L			
Ь	Prior year adjustments		
c d	 		
u e	Other (Describe in Part XIII)	. 2e	
3	Subtract line 2e from line 1	. 2e	4,172,493
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	4,172,493
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	. 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4,172,493
-	Total expenses Add lines 5 and 42. (This must equal Form 550, Fait 1, line 10)		7,172,493
Par	rt XIII Supplemental Information		
Prov	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line	es 1b and 2b,	
Part	rt V , line 4 , Part X , line 2 , Part XI , lines 2d and 4b , and Part XII , lines 2d and 4b $$ Also complete	this part to provide	any additional
Into	ormation I		
	Return Reference Explanation		

Selledate B (Form 330) 2013	rage 5
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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DLN: 93493266000106

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

REFUGEE & IMMIGRANT CENTER FOR **EDUCATION & LEGAL SERVICES** 74-2436920 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		•	•			
3 List all states in which the	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from					

registration or licensing

Part II	Fundraising	Events

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000).	,		
		(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events
Ф		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	385,940			385,940
a.	2 Less Contributions	385,940			385,940
	Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
Se Se	6 Rent/facility costs				
Expenses	7 Food and beverages				
	8 Entertainment				
Direct	9 Other direct expenses				
△	10 Direct expense summary Add lines 4	4 through 9 ın column (d)		
	11 Net income summary Subtract line 1	.0 from line 3, column (d)		
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
nses	2 Cash prizes				
Expenses	3 Noncash prizes				_
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	│ Yes <u>%</u> │ No	│ Yes <u>%</u> │ No	│ Yes %	
	7 Direct expense summary Add lines	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ict line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organiza Is the organization licensed to conduct				□ Yes □ No
ь	If "No," explain				
	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during	; the tax year?	
					I

	Schedule	G	(Form	990	or	99	0-1	EZ)	20	1
--	----------	---	-------	-----	----	----	-----	-----	----	---

Pag	e	3

11	Does the organization conduct gaming	activities with nonme	embers?	□Yes □No
12	Is the organization a grantor, beneficia	ry or trustee of a trus	et or a member of a partnership or other entity	,
	formed to administer charitable gaming	17		□Yes □No
13	Indicate the percentage of gaming acti	vity conducted in		
а	The organization's facility			13a %
b	An outside facility			13b %
14	Enter the name and address of the pers	on who prepares the	organization's gaming/special events books	and records
	Name ▶			
	Address 🏲			
15a	Does the organization have a contract	with a third party fron	n whom the organization receives gaming	
	revenue?			□Yes □No
b	If "Yes," enter the amount of gaming re	venue received by th	ie organization 🟲 \$ ai	nd the
	amount of gaming revenue retained by	the third party 🟲 \$ _		
c	If "Yes," enter name and address of the	e third party		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation 🟲 \$			
	Description of services provided			
	Director/officer	Employee	☐ Independent contractor	
17	Mandatory distributions			
а	·	e law to make charita	ble distributions from the gaming proceeds to	0
	retain the state gaming license?			□Yes □No
ь	Enter the amount of distributions requi	red under state law di	stributed to other exempt organizations or s	pent
	in the organization's own exempt activi			
Pai	rt IV Supplemental Information	on. Provide the exp b, 15c, 16, and 17	planations required by Part I, line 2b, c b, as applicable. Also complete this pai	
	Return Reference		Explanation	
		·		

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Supplemental Information to Form 990 or 990-EZ

2015

OMB No 1545-0047

Open to Public Inspection

(Form 990 or 990-EZ)
Department of the Treasury

Internal Revenue Service

SCHEDULE 0

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
REFUGEE & IMMIGRANT CENTER FOR
EDUCATION & LEGAL SERVICES

EDUCATION & LEGAL SERVICES

EMployer identification number
74-2436920

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR AND A DESIGNATED REPRESENTATIVE FROM THE BOARD REVIEW THE 990 PRIOR TO IT'S FILING
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD ANNUALLY REVIEWS COMPARABLE INDUSTRY STANDARDS FOR COMPENSATION OF EXECUTIVE DIRECTORS IN THE GEOGRAPHICAL REGIONS
FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD ANNUALLY REVIEWS THE SALARIES OF ALL OTHER EMPLOYEES
FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST